County: Crawford PRAIRIE HEALTH CARE CENTER 1505 EAST BRUNSON STREET PRAIRIE DU CHIEN 53821 Phone: (608) 326-8471
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 91
Total Licensed Bed Capacity (12/31/00): 99
Number of Residents on 12/31/00: 81 Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled Yes Yes Average Daily Census: 80

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/00)	Length of Stay (12/31/00	%
Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No No No No No No No No No No No N	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	2. 5 27. 2 0. 0 0. 0 4. 9 2. 5 28. 4 14. 8 0. 0 9. 9 9. 9	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex Mal e Femal e	4. 9 7. 4 37. 0 42. 0 8. 6 	Less Than 1 Year 1 - 4 Years More Than 4 Years ***********************************	

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay		Manageo	d Care		Percent
			Per Die	m		Per Die	m		Per Diem			Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	•		\$215.00	51	77. 3	\$92. 59	ŏ	0. 0	\$0.00	8		\$122.00	ŏ	0. 0	\$0.00	65	80. 2%
Intermedi ate				14	21. 2	\$77. 87	0	0.0	\$0. 00	1	11. 1	\$111.00	0	0.0	\$0.00	15	18. 5%
Limited Care				1	1.5	\$68.05	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1. 2%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total		100.0		66	100. 0		0	0.0		9	100.0		0	0.0		81	100.0%

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti on	s, Services	s, and Activities as of	12/31/0) 0
beachs builing kepotering terrou		\		% N	eedi ng		Te	otal
Percent Admissions from:		Activities of	%		tance of	% Totally	Num	ber of
Private Home/No Home Health	17. 2	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi	i dents
Private Home/With Home Health	12. 1	Bathi ng	0.0		76. 5	23. 5	{	81
Other Nursing Homes	3. 4	Dressi ng	8. 6		77. 8	13. 6	{	81
Acute Care Hospitals	65 . 5	Transferring	32. 1		54. 3	13. 6		81
Psych. HospMR/DD Facilities	0.0	Toilet Use	22. 2		56. 8	21. 0		81
Rehabilitation Hospitals	0. 0	Eating	51. 9		37. 0	11. 1	8	81
Other Locations	1. 7	***************	******	******	******	********	******	*****
Total Number of Admissions	58	Continence			pecial Trea			%
Percent Discharges To:		Indwelling Or Extern		6. 2		Respiratory Care		8. 6
Private Home/No Home Health	16. 3	Occ/Freq. Incontinen		44. 4		Tracheostomy Care		0. 0
Private Home/With Home Health	24. 5	Occ/Freq. Incontinen	t of Bowel	25. 9		Suctioning		1. 2
Other Nursing Homes	6. 1				Recei vi ng	Ostomy Care		1. 2
Acute Care Hospitals	12. 2	Mobility			Recei vi ng	Tube Feeding		1. 2
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	6. 2	Recei vi ng	Mechanically Altered I	iets 3	30. 9
Rehabilitation Hospitals	0. 0			_				
Other Locations	8. 2	Ski n Care				ent Characteristics		
Deaths	32. 7	With Pressure Sores		8. 6		nce Directives	ţ	97. 5
Total Number of Discharges		With Rashes		3. 7 M	ledi cati ons			
(Including Deaths)	49	1			Recei vi ng	Psychoactive Drugs		51. 9
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		Ownershi p:		Bed	Si ze:		ensure:		
	Thi s	his Nonprofit		50- 99		Skilled		All	
	Facility	ity Peer Group		Peer Group		Peer Group		Faci l	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80. 8	88. 0	0. 92	85. 4	0. 95	84. 1	0. 96	84. 5	0. 96
Current Residents from In-County	75. 3	79. 3	0. 95	72. 9	1.03	76. 2	0. 99	77. 5	0. 97
Admissions from In-County, Still Residing	39. 7	24. 2	1.64	21. 3	1.86	22. 2	1. 79	21. 5	1.84
Admissions/Average Daily Census	72. 5	102. 4	0. 71	101. 3	0. 72	112. 3	0. 65	124. 3	0. 58
Discharges/Average Daily Census	61. 3	99. 2	0. 62	101. 3	0.60	112. 8	0. 54	126. 1	0.49
Discharges To Private Residence/Average Daily Census	25. 0	33. 8	0. 74	37. 6	0. 66	44. 1	0. 57	49. 9	0. 50
Residents Receiving Skilled Care	80. 2	88. 7	0. 90	89. 6	0. 90	89. 6	0. 90	83. 3	0. 96
Residents Aged 65 and Older	95. 1	96. 0	0. 99	93. 4	1. 02	94. 3	1. 01	87. 7	1.08
Title 19 (Médicaid) Funded Residents	81. 5	68 . 6	1. 19	69. 0	1. 18	70. 1	1. 16	69. 0	1. 18
Private Pay Funded Residents	11. 1	26. 2	0. 42	23. 2	0.48	21. 4	0. 52	22. 6	0.49
Developmentally Disabled Residents	2. 5	0. 6	3. 96	0. 9	2.63	0. 9	2. 69	7. 6	0. 32
Mentally Ill Residents	27. 2	38. 6	0. 70	41. 5	0.65	39. 6	0. 69	33. 3	0.81
General Medical Service Residents	9. 9	16. 4	0. 60	15. 4	0.64	17. 0	0. 58	18. 4	0. 54
Impaired ADL (Mean)	46. 9	46. 9	1.00	47. 7	0. 98	48. 2	0. 97	49. 4	0. 95
Psychological Problems	51. 9	53. 4	0. 97	51. 3	1.01	50.8	1. 02	50. 1	1.04
Nursing Care Required (Mean)	6. 9	6. 5	1. 07	6. 9	1.00	6. 7	1. 03	7. 2	0. 97